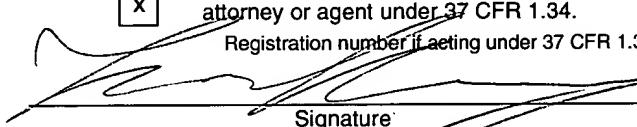


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 393032003810
Application Number For	09/912,897	Filed July 25, 2001
METHOD AND DEVICE FOR INCORPORATING ADDITIONAL INFORMATION INTO MAIN INFORMATION THROUGH ELECTRONIC WATERMARKING TECHNIQUE		
Art Unit Examiner	2137	P. Callahan
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
 <u>Hristo I. Vachovsky</u> Typed or printed name		
<u>55,694</u> <u>July 27, 2006</u> <u>Date</u> <u>(213) 892-5790</u> <u>Telephone Number</u>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

08/02/2006 MWOLDGE1 00000051 031952 09912897

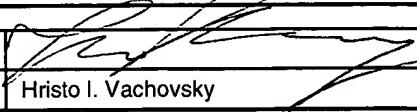
01 FC:1252 450.00 DA

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<i>Complete if Known</i>	
FEE TRANSMITTAL For FY 2006		Application Number	09/912,897
		Filing Date	July 25, 2001
		First Named Inventor	Kosei TERADA
		Examiner Name	P. Callahan
		Art Unit	2137
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$)	
(\$)		450.00	Attorney Docket No. 393032003810

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account			Deposit Account Number:	03-1952	Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments			

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (including Reissues) 200 100							
Multiple dependent claims 360 180							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
-	=	x	=	Fee (\$)	Fee Paid (\$)	_____	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____			
-	=	x	=	_____			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/50	(round up to a whole number) x		=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00							

SUBMITTED BY	
Signature	
Name (Print/Type)	Hristo I. Vachovsky
Registration No. (Attorney/Agent)	55,694
Telephone	(213) 892-5790
Date	July 27, 2006